

## TRAVEL EXPENSE CLAIM

**See Instructions and Privacy  
Statement on Reverse Side**

STD 262 (REV 10/92)

CLAIMANT'S NAME		SSAN OR EMPLOYEE NUMBER		DEPARTMENT	
Clay Russell				Governor's Office	
POSITION	CB/ID NUMBER	DIVISION OR BUREAU		INDEX NUMBER	
Assistant to the Governor					
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS		TELEPHONE NUMBER	
		300 S. Spring St. Suite 16701			
CITY	STATE	ZIP	CITY	STATE	ZIP
			Los Angeles	CA	90013

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS,	PRIVATE CAR USE			
										PARKING	MILES			AMOUNT
14-Oct	7am	Burbank to Sac					155.60	SWAir	<del>51<sup>00</sup></del> <del>60.00</del>		0.00		215.60	
											0.00		0.00	
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											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
<b>SUBTOTALS</b>			0.00	0.00	0.00	0.00	155.60	0.00	60.00	0	0.00	0.00		
COLUMN CODE (ACCTG. USE ONLY)														
<b>CLAIM TOTAL</b>												<b>\$215.60</b>		

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

NORMAL WORK HOURS
PRIVATE VEHICLE LICENSE NUMBER
MILEAGE RATE CLAIMED
0.34
AGENCY ACCOUNTING OFFICE USE ONLY
PAID BY REVOLVING FOND CHECK NUMBER
240799

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE 11-15-09	SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE 11/23/09
SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES			DATE